# Superior Court of the State of Washington for Snohomish County

GUARDIAN AD LITEM PROGRAM SNOHOMISH COUNTY COURTHOUSE 3000 Rockefeller Avenue M/S 502 Everett, WA 98201-4060

#### RE: RCW 11.130.155 GAL/COURT VISITOR REGISTRY APPLICATION

#### Dear Applicant:

To be considered for our RCW 11.130.155 GAL/Court Visitor Registry, originals of the following must be submitted by mail or hand-delivered to the address below:

- 1. Application Form (attached pages 1-7).
- 2. Oath of Guardian ad Litem/Court Visitor (attached pages 8).
- 3. Initialed Scope of Work and Code of Conduct (attached Pages 9-11).
- 4. Confidential Application and Release Form (attached page 12).
- 5. Your résumé/CV.
- Proof of Title 11.130 GAL approved mandatory annual recertification training for renewal applications or mandatory initial training for new applications, or agreement to engage in such training if it is not yet developed.
- Form W-9 (available at <u>www.irs.gov</u>).

Additionally, please make sure to download and read the following:

- 8. Snohomish County Guardian ad Litem Administrative Policies.
- Washington State GALRs and Snohomish County SCLGALRs.

Please mail the completed applications with all attachments and original signatures to:

Andrew Somers
Programs Administrator
Snohomish County Superior Court
3000 Rockefeller Avenue, M/S 502
Everett, Washington 98201

Thank you for your interest in serving as a RCW 11.130.155 Guardian Ad Litem and/or Court Visitor for Snohomish County Superior Court.

**Enclosures** 

## SNOHOMISH COUNTY SUPERIOR COURT RCW 11.130.155 GAL/COURT VISITOR APPLICATION

The following information provided by you will be made available to the public for review:

Name	9:		
Busin	ess Name or Firm:		
Busin	ess Address:		
City a	and State:	Zip Code:	
Busin	ess Phone: ()	Fax: ()	
Altern	nate Phone: ()	(This will not be kept confidential.)	
Email	address:		
WSB	A or Washington State Cert	ificate (if applicable) #:	
1.	I hereby apply to serve as a (please check one or both):  RCW 11.130.155 Guardian ad Litem  RCW 11.130.155 Court Visitor		
2.	I have never been convicted of a felony or a crime involving theft, dishonesty, or moral turpitude. <b>Must initial</b> :		
3.	My formal education is ☐ included in my resume/CV or ☐ set forth as follows:		
4.	I  have completed the model training program required by RCW 11.130.155 and have provided proof of the same with this application  am willing to complete the model training program required by RCW 11.130.155.		
5. I have attended the following Title 26 GAL Training(s):		ing Title 26 GAL Training(s):	
	Date:	_County/Sponsor:	
	Date:	_County/Sponsor:	
	Date:	_County/Sponsor:	
Page	1	Initials:	

	Date:		_County/Sponsor:	
	Date:		_County/Sponsor:	
6.	I have at	tended the followi	ing Title 13 GAL/CASA Training(s):	
	Date:		_County/Sponsor:	
7.	I have attended the following Title 11 GAL training(s):			
	Date:		_County/Sponsor:	
8.	I have attended the following Court Visitor training(s):			
	Date:		_State/County/Sponsor:	
9.	I have the following number of years of experience as a:			
	•	Title 11 GAL:		
	•	Title 13 GAL/CA	SA:	
	•	Title 26 GAL:		
	•	Court Visitor:		
10.	I have received the following number of appointments and the county or counties			
	of appointment as a:			

Page 2 Initials:\_\_\_\_\_

	• Title 11 GAL:		
	• Title 13 GAL/CASA:		
	• Title 26 GAL:		
	Court Visitor:		
11.	The following is a statement of my criminal history, if any, as defined by RCW 9.94A.030:		
12.	The following is a statement of my knowledge, training, and experience in each of the following areas: (i) the needs of impaired elderly people; (ii) physical disabilities; (iii) mental illness; (iv) developmental disabilities; (v) substance use disorder; (vi) the developmental needs and levels of children; and (vi) other areas related to the needs of persons subject to guardianship or conservatorship, legal procedure, and the requirements RCW 11.130.   I have attached additional pages as necessary. (Please do not refer to your résumé/CV as part of your response).		
13.	The following is a list of all grievances found against me, and all GAL, CASA, or Court Visitor registries from which I have been removed for cause, including the County, case number, and date for each instance:		
14.	The following is a statement of the extent of liability coverage in force covering any errors, omissions and acts of professional negligence (provide name of company and policy limits):		
15.	I agree to advise the Court immediately in the event of any complaint, investigation or action being commenced, which could lead to professional discipline or suspension; removal or suspension from any county's GAL Registry; the suspension or revocation of my professional license; and/or to the filing of criminal charges for a felony or crime involving allegations of theft, dishonesty or moral turpitude. <b>Must initial</b> :		
16.	The following <u>must</u> be included with this application (check the item below to acknowledge inclusion with your application):		
	Copy of the certificate from the training provider evidencing successful completion of the mandatory training		
	Résumé/curriculum vitae, showing work and professional or personal		
Page	3 Initials:		

		experience in Litem or Cour		the work of a	RCW 11.130.15	5 Guardian ad
		•	s, or disciplinar	•	rding profession aims or litigation	•
		•	•	nd agreement age 7 of this app	•	the Court's policies
		Signed Oath	of Guardian ac	Litem (page 8	of this application	n).
		which have l		pervised the ap	professional regoplicant within th	
	that th	I certify unde ne foregoing is			laws of the State	of Washington
	Signe	d this	_day of			_, 20_, at
	(City a	nd State)				
Signature of Applicant						

Page 4 Initials:

### PROFESSIONAL COMPLAINTS, INVESTIGATIONS OR DISCIPLINARY ACTIONS

(Please check mark one box below.)

Description of the nature, status and outcome of any professional complaints, investigations, including CPS investigations, or disciplinary actions, lawsuits or professional liability claims, and any order for removal as Guardian ad Litem prior to completion of Guardian ad Litem duties. Please provide summary and outcome only and attach additional pages if needed.

I affirm that there have been no professional complaints, investigations, including CPS investigations, or disciplinary actions, lawsuits or professional liability claims and any order for removal as Guardian ad Litem prior to completion of Guardian ad Litem duties.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date: \_\_\_\_\_ Signature

Print Name

Page 5 Initials:

CLAIMS OR LITIGATION
(Please check mark one box below.)

	allegations of improper fee charges,	on that has been commenced, involving charges of fraud, theft or other forms of or misconduct. Please provide summary I pages if needed.
		or litigation involving allegations of improper other forms of dishonesty or professional
the fo	malpractice or misconduct.  I certify under penalty of perjury under regoing is true and correct.	the laws of the State of Washington that
	Date:	Signature
		Print Name

Page 6 Initials:\_\_\_\_\_

## ACKNOWLEDGMENT AND AGREEMENT TO BE BOUND BY THE COURT'S POLICIES REGARDING COMPENSATION

Appointed Guardians ad Litem and Court Visitors are responsible for managing their assigned cases within the scope and fee scales set by the bench. All bills must be timely and itemized with a copy of the Order Appointing the Guardian ad Litem or Court Visitor submitted at the time of billing.

The order of appointment for a particular case will include the number of initial hours authorized. Requests for additional hours up to a maximum of 26 hours per case must be in writing and shall be directed to that judicial officer or the judicial officer hearing the case. All excess fees beyond the 26 hour maximum must be pre-approved through written request to the presiding judge or their designee.

I certify that I have read and agree to be bound by the Court's policies in cases in which compensation is sought at public expense. Currently, the rate for County cases is set at: \$50/hour up to 26 hours maximum, including costs.

Date:		
	Signature	
	Print Name	

Page 7 Initials:

#### OATH OF GUARDIAN AD LITEM OR COURT VISITOR

I am on the Guardian ad Litem and/or Court Visitor Registry for Snohomish County. Whenever appointed to act as Guardian ad Litem or Court Visitor, I will perform all duties required of me by law and by order or rule of the Snohomish County Superior Court. By my signature below and my initials on the attached, I acknowledge I have read the attached Snohomish County Superior Court Guardian Ad Litem Code of Conduct and Guardian ad Litem and Court Visitor Scope of Services and understand and agree to be bound and will abide by the same.

I declare, under penalty of perjury of the laws of the State of Washington, that the foregoing is true and correct.

Date:		
	Signature	
	Printed Name	
	Business Address	
	City and State	Zip Code
	() Business Telephone Number	

Page 8 Initials:

#### SNOHOMISH COUNTY GUARDIAN AD LITEM AND COURT VISITOR SCOPE OF WORK

The following description of a Guardian ad Litem's responsibilities and actions is presented as an outline of the various actions that may be required. An individual case may not require all of the activities enumerated.

- a. Interview the petitioner and the minor
- b. Ascertain the minor's needs and best interest and file a report with the court regarding those needs and interests
- c. Investigate any other matter relating to the petition the court directs

The following description of a Court Visitor's responsibilities and actions is presented as an outline of the various actions that may be required. An individual case may not require all of the activities enumerated.

- a. Interview the petitioner and the minor
- b. Meet with the minor and explain the rights retained by the minor as outlined in the notice requirements under RCW 11.130.195
- c. Ascertain the minor's views or positions regarding the guardianship and file a report with the court regarding the minor's views or positions
- d. Inform the court if the minor wishes the court to reconsider any prior order limiting information served upon the minor
- e. Ascertain whether or not the parent can be located with due diligence if the petitioner alleges the parent cannot be located
- f. Investigate any other matter relating to the petition the court directs
- g. Ascertain whether the parent consents to the guardian for the minor

Page 9	Initials:
. age e	

## SNOHOMISH COUNTY GUARDIAN AD LITEM REGISTRY CODE OF CONDUCT

- 1. The Guardian ad Litem shall represent the best interests of the persons for whom he or she is appointed.
- 2. The Guardian ad Litem shall make a reasonable inquiry as to the facts and issues in dispute and shall decline the appointment if the Guardian ad Litem is not qualified, competent or able to complete the matter in a timely manner. The Guardian ad Litem shall locate professional resources as necessary to assist in the Guardian ad Litem's evaluation and recommendations.
- 3. The Guardian ad Litem shall maintain the ethical principles of the Guardian ad Litem's own profession.
- 4. The Guardian ad Litem shall remain qualified for the registry to which the Guardian ad Litem is appointed and shall promptly advise the court of any grounds for disqualification or unavailability to serve.
- 5. The Guardian ad Litem shall maintain independence and objectivity in the Guardian ad Litem investigation.
- 6. The Guardian ad Litem shall avoid any actual or apparent conflict of interest or impropriety in the conduct of Guardian ad Litem duties. The Guardian ad Litem shall avoid self-dealing or association from which the Guardian ad Litem might directly or indirectly benefit, other than for compensation as Guardian ad Litem. The Guardian ad Litem shall take action immediately to resolve any potential conflict or impropriety. The Guardian ad Litem shall advise the court and the parties of action taken, or resign from the matter, as may be necessary to resolve the conflict or impropriety.
- 7. The Guardian ad Litem shall treat the parties with respect, courtesy, fairness and good faith, regardless of race, color, creed, religion, national origin, cultural heritage, gender, age, education, economic status, marital status, sexual orientation or disability.
- 8. The Guardian ad Litem shall inform the court concerning all relevant information disclosed or made available to the Guardian ad Litem.
- 9. The Guardian ad Litem shall not guarantee or create the impression that any portion of the investigation will remain confidential.
- 10. The Guardian ad Litem shall maintain the privacy of the parties, and shall make no disclosures about the case or investigation except in reports to the court or as necessary to perform the duties of the Guardian ad Litem.

Page 10 Initials:\_\_\_\_\_

## SNOHOMISH COUNTY GUARDIAN AD LITEM REGISTRY CODE OF CONDUCT

- 11. The Guardian ad Litem shall perform duties in a prompt and timely manner. The Guardian ad Litem shall maintain adequate documentation to substantiate recommendations and conclusions. The Guardian ad Litem shall keep complete and contemporaneous records of actions taken and the time and expense incurred.
- 12. The Guardian ad Litem shall report to law enforcement and/or Child Protective Services any child abuse or neglect as defined in RCW 26.44 or adult abuse as defined in RCW 74.34 as found by him or her.

Page 11 Initials:\_\_\_\_\_

## SNOHOMISH COUNTY GUARDIAN AD LITEM CONFIDENTIAL APPLICATION AND RELEASE

The information provided by you on this page will be kept in a separate file due to confidentiality. For criminal history check purposes, please provide:

Full Name:	Date of Birth:)	
(including middle name)		
Maiden Name:	All Aliases:	
Driver's License #:	Email Address:( <u>mandatory</u> )	
	Telephone #:	
	Zip Code	
(To b	RELEASE be enclosed with your application)	
TO:		
<ul> <li>[X] Washington State Patrol</li> <li>[X] Washington State Bar Associ</li> <li>[ ] Washington State Nursing Co</li> <li>[ ] Washington State Department of</li> </ul>	mmission [] Washington Board of Psychology	
hereby authorize you for the pur	, (Professional License No.:), pose of my application and/or work as a Snohomish County ormation to and discuss such information with:	
Programs Administrator Snohomish County Superio 3000 Rockefeller Avenue, I Everett, WA 98201		
	out is not limited to, all records and information concerning any ending active investigation you have with regard to me.	
	Signature/Date	